REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:

Mail Stop RCE

Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-1450

Application Number: 10/510,738	Confirmation Number: 8582			
Filing Date: October 12, 2004				
First Named Inventor: Mitsuaki Kawa	mura			
Group Art Unit: 1617				
Examiner: Jody Lynn Karol				
Attack Devil (18) - 1 - 4070 0440	00			

	Attorney Docket Number: 4676.0142-00										
Thi	s is	a Re	quest for C	ontinued Examina	tion (RCE) under 37 0	C.F.R. § 1.114 of	the abov	ve-identified application.			
				xamination (RCE) py design application		R. § 1.114 does n	ot apply t	to any utility or plant application fil	ed prior		
1.	Submission required under 37 C.F.R. § 1.114: Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment.										
	a.	Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.									
		i.		Consider the argi	uments in the Appeal E	Brief or Reply Brie	ef previou	isly filed on			
		ii.		Other							
	b.		DO NOT E	NTER the amendme	ent(s) previously filed o	on	An altern	nate submission is attached.			
	c.	\boxtimes	Enclosed s	ubmission:							
		i.	\boxtimes	Amendment/Rep	ly	iii.	\boxtimes	Information Disclosure Statem	ent		
		ii.		Affidavit(s)/Decla	ration(s)	iv.		Other			
2.	. Miscellaneous										
	a.										
		_	•	-	shall not exceed 3 mo		37 C.F.R.	. § 1.17(i) required.)			
	b.	Ц	Other								
3.	Fee	es			-			· · ·			
	a.	\boxtimes	The filing fee is calculated as follows:								
		i.	\boxtimes	\$810.00 RCE fee	required under 37 C.F	F.R. § 1.17(e)					
		ii.	\boxtimes	Petition for extens	sion of time for (<u>three</u> N	Months) \$ <u>1,110.00</u>					
iii.						 					
b. 🛛 Check in the amount of \$1,920.00 enclosed.					.00 enclosed.						
	C.	\boxtimes	The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account 06-0916.								
	Signature of Applicant, Attorney, or Agent Required										
Name: Maryann T. Puglielli (202) 408-6054				(202) 408-6054	Reg. No.: 52,138						
Fin	nega	n, He	enderson, F	arabow, Garrett & D	unner, L.L.P.	•					
Signature: Marejante 1. Tugliell				L.	Date: January 8, 2009						
Certificate of Mailing or Transmission											
					ed with the United States Pos -1450, or facsimile transmitte			n envelope addressed to Commissioner for ark Office on:	ratents,		
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